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An Inaugural Dissertation
on
Hysteritis.

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admitted March 20. 1810

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Preliminary to commencing this essay, I thought it most proper, to state the plan, which I intend to pursue in the following pages; in order that it may render the piece more intelligible.

First.— I shall endeavour to point out the difference, and manner of distinction, between hysteritis, and febris puerperarum.

Secondly— I shall proceed with a history of the causes, and diagnostic symptoms of hysteritis, (which is principally the subject of this dissertation;) and, finally— with the method of cure, which appears to me the most appropriate to the disease in question.—

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Of the difference, and manner of distinction, between hysteritis and febris puerperarum.

Women after delivery, are subject to a variety of te=
=dious, troublesome, and dangerous complaints; a=
=mongst which are enumerated, inflammation of the
uterus, and puerperal fever.

From the variety of the descriptions, and dif=
=ference of the treatment, laid down by authors on
these subjects, the young practitioner often finds
himself at a loss, to determine with correctness
and precision, on the mode of procedure.

Many of the diseases of parturient women,
were till lately not at all understood, indeed,
scarcely known to exist. This may in part be ac=
=counted for, from the circumstance that untill
within the last century, the care and manage=
=ment of parturient women, were entirely confided
to the slender judgement of their own sex; and, no
doubt, they considered it their interest, to keep

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concealed from physicians, every thing relative to their diseases they, possibly could.

Sydenham was the first, I believe, who introduced midwifery as a branch of medical science among physicians; untill his time, but very little was known of most of the diseases of parturient women, and as little of inflammation of the uterus, and puerperal fever, as any other.

The accounts given of those two diseases, are (for the most part) so unsatisfactory, that it often places the young practitioner in a difficulty to distinguish between them. It is important that they should be correctly distinguished.

Inflammation of the uterus, is much the most frequent, but by far, the least fatal of the two. Some soreness and swelling of the abdomen, with some febrile action of the pulse, succeeding parturition, is too apt to receive the appellation of puerperal fever. From the various offices of the uterus, the frequent difficulties during labour, and

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(when confided to the care of ignorant midwives,) the improper treatment after parturition; it is not astonishing, that inflammation of this viscus, & the neighbouring parts, should be a frequent occurrence.

Many cases of inflammation of the uterus, are compared (not however without some degree of resemblance) with those of puerperal fever; both in the violence of the symptoms, and the disease itself, but the puerperal fever is the most fatal, as it is the most violent of the two. From the situation of the uterus, we know that inflammation, can be readily communicated to the peritoneum &c; when this obtains it constitutes puerperal fever.

For the most part, we find those women most subject to the latter disease, who have passed easily through labour, and have, from a confidence in their own safety, used improper food, or exposed themselves imprudently; while

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on the contrary, hysteritis follows difficult la=
=bours, and those cases in which some violence
has been done to the uterus itself. This is a
striking difference in the forms of attack of
those two diseases. The pulse in either, is not
to be considered as a proper guide, to regulate
the practice, in administering those remedies,
necessary to put a stop to the progress of the
disease. When the uterus alone, is the seat
of inflammation, the pulse is more hard, tense,
& full, but not so quick and frequent as in
puerperal fever. The swelling of the abdomen
in the latter, differs considerably from that
of the former disease; for, instead of finding
a hard firm body immediately in the region
of the uterus, as in hysteritis, we pretty gener=
=ally in the other, find the greatest part of the
abdomen, if not the whole, hard, tense, and
elastic. Febris puerperarum is said to be
somewhat epidemic, a few years ago, this

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appears to have been the case in a large section of pennsylvania; this is never the case with hysteritis. Puerperal fever sometimes terminates in ascites or anasarca.

After those few general remarks on the distinguishing symptoms, of those two diseases; I will proceed with a history of the symptoms, and most approved plan of treating hysteritis. —

Hysteritis may originate from several causes, as a disparity of size between the child and pelvis, from instrumental delivery, rudeness of the accoucheur, improper management of the placenta, the long continued action of the uterus on the body of the child, and the great pressure made by the childs head on the soft parts of the mother in contact with it. To these causes may be added, exposure to cold, by removing

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the patient from bed too soon after delivery; which may act as an exciting cause to the then existing, or originating inflamation.

The uterus may alone be the seat of inflam=mation, but the ovaria and fallopian tubes often participate in it. If the disease is per=mitted to pursue its course, the inflamma=tion is most generally communicated to the peritoneum in a greater or less degree; the pulse then varies, and from being hard, tense, and full, as it was in the commencement of the disease; it becomes quick, small, frequent, and irregular; presenting in almost every par=ticular, that kind of pulse perceived in peri=toneal inflammation.

This disease most commonly attacks wo=men of robust and plethoric habit of body, rather than those of lax fibres and delicate constitution; and those women who have led in=temperate lives, and indulged freely in the

* The pain can be readily distinguished from after pains; it increases in violence, gradually, & has no intermissions as is the case, in after=pains.

use of spirituous liquors, are often the subjects of it.

The inflammation is first discovered by pain* and tension in the hypogastric region, the part is tender to the touch, acute pain is felt in extending the back & groins, the bladder becomes irritable, and fever accompanies these symptoms. The inflammation occasioned by wounds of the uterus, is dangerous, in proportion to their extent, and the effect produced by them.

When inflammation attacks the uterus, after parturition, it is most generally perceived about the second or third day; on placing the hand, on the lower part of the abdomen, immediately above the pubes, the uterus can be felt, hard, and somewhat tumefied; the lochia, and secretion of milk, are in proportionally small quantity, according to the violence of the inflammation, the urine is high coloured, and hæmaturia has occurred

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This disease is sometimes ushered in with a chill; when this is the case, there is soon afterwards an increase of heat over the whole body, there is pain in the head and back, extending to the groins, considerable thirst, and sometimes nausea and vomiting.

If the inflammation be not speedily conquered, suppuration succeeds; after which, death most commonly puts a period to the sufferings of the agonized patient.

Upon dissecting the uterus of a woman, who has died of this disease, pus, will most generally be found to follow the knife; when the uterus is in this state, the fallopian tubes and ovaria are almost invariably found in state of high inflammation, if not suppuration. When inflammation attacks the uterus, the fallopian tubes may also very

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readily become affected, and participate equally with the uterus, in the disease. In consequence of the inflammation, adhesions may take place at the fimbriated extremities of the tubes; when this obtains in both of them, sterility must of necessity be the consequence, the uterine extremities of the tubes, may also be obliterated in the same way, and an effusion of serum may take place, in the cavity between the adhesions, constituting dropsy of the fallopian tubes.

Frequent rigors, succeeded by flushing of the face, a weak, quick and irregular pulse, great diminution of strength, delirium, and the sudden cessation of the pain & soreness of the abdomen, denote a fatal termination; while on the contrary, the occurrence of a gentle diarrhœa, & diaphoresis, the secretions returning to their usual quality and quantity, the parts affected becoming gradually less pain=

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=tion, announce a favourable issue.

Gangrene and mortification are very seldom, if ever the result of this disease; it is most probable that it never terminates in this way; when the disease terminates fatally, it is from the general effects of the inflammation & suppuration of the uterus and its appendages, on the system.

When, from instrumental delivery, or any cause acting immediately on the internal pari=
=ties of the uterus, inflammation takes place, (provided it be not carried to any great extent) it may be confined to this part entirely, but, when the whole body of the uterus is under a state of inflammation, it is most probable that the peritoneal covering of the uterus, and the parts adjacent to it, participate in it; but not to an extent, that can strictly be called pu=
=erperal fever.

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I shall now proceed with an account of the Treatment — which appears to me, best calculated to overcome this disease.

By an early attention to the symptoms, we may often be enabled to subdue them, and prevent the inflammation from progressing to any dangerous extent. As this is an active inflamation, an immediate and speedy cure should be directed to the diminishing the action of the heart and arteries. For this purpose venesection is absolutely necessary; the quantity of blood to be abstracted, should be regulated by the violence of the symptoms, the age and habits of the patient. The effect of venesection in this disease is always greater, in proportion to the quantity taken at one time; small portions of blood, may be abstracted at intervals without producing any sensible or permanent effect on the disease; while, on the contrary, had the patient suffered one copious bleeding, in the

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commencement of the disease, under the same circumstances, the foundation of a speedy cure might in all probability have been effected.

We are not then, to hesitate in taking twenty, thirty or even fifty ounces of blood, if the system will bear it; the pulse is not a sufficient guide in this disease, the vein should be left open until there is a remission or considerable abatement of the pain, without such symptoms should interpose, as would make the farther abstraction of blood, dangerous. If a repetition becomes necessary, we are to be governed by the same circumstances, and the effect produced by the former operation; in plethoric and robust women, a repetition generally becomes necessary, but in those of lax fibres and delicate constitution, the application of a number of leeches to the abdomen, may answer the purpose equally well, without producing any of the unpleasant consequences which might result, from the too free use of the

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Fomentations are highly recommended by some authors; such as a decoction of bruised poppy heads, or an infusion of any of the bitter herbs; which are used with a views to lessen the tension, and relieve the pain of the part; those remedies are often improperly used, and I think, sometimes do more harm than good; when there is a danger of the disease terminating in suppuration, I think they are hurtfull, by their tendency to promote it; but in the early stages, and when there is no fear of the inflammation terminating in this way, they may I think be used with advantage; flannel cloths wrung out of warm water and applied to the pudenda of the patient are always under such circumstances pleasant and comfortable to the patient, and in doubtful cases may be used without the risk of injury. Fomentations are a popular remedy among women, when they

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find the lochial discharge sparing or defective; they may, no doubt, under such circumstances prove a useful remedy.

Purging in this, as in most cases of inflam=
=mation is highly beneficial; it should not how=
=ever, be carried to too great an extent, the fecu=
=lent and irritating matter should in the first instance be freely discharged, and the bowels through the whole course of the disease kept freely open; for this purpose, the neutral salts, senna tea, or castor oil, may be used. The neutral salts I believe are most general=
=ly preferred. The following will generally be found to answer the purpose very well.

℞ Sulph: Sodæ ℥ii
Aqua: fervent: ℥viii
Succ: limon: ℥ß ℔ to give it a more agreeable flavour, loaf sugar may be added, and a wineglassfull of the solution may be taken every half hour untill the desired

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effect is produced. The lemon juice corrects the nauseous taste of the salt, which, when taken in this vehicle is seldom rejected.— Warm diluent drinks should be used, in order to aid the operation of the medicine; small doses of the same, or of senna tea, may be taken occasionally, through the course of the complaint, to keep the bowels open.

Emollient aperient clysters are also useful, they add to the comfort of the patient, and assist to unload the intestines; linseed tea alone, or with a small quantity of the sulph: Soda or molasses will answer very well; clysters in this case should not be used very warm, though no serious objection exists, again rendering them anodyne, provided their purgative quality is not absolutely demanded.

Blisters in this disease, as in most other inflammations, prove a highly serviceable remedy; sometimes they will increase the irritation

1 * Synapysms may in such cases be substituted, and in some cases, perhaps with an equally good ef=
=fect.

by their effect on the bladder;* if this be not properly guarded against; their use should be accompanied with the plentiful use of diluent mucilaginous drinks, as an infusion of the parsley root, or barley water and gum arabic &c; those drinks are proper through the whole course of the disease, whether blistering be had recourse to, or not. When the strangury is very severe the following formula wile be found of service

℞ Camphor ʒ ss
Spts: nit: dulc ʒ i
Tinct: opii ʒ ss ~~Mc~~ of this two teaspoonfulls may be taken every hour in parsley tea or any convenient vehicle, untill relief is obtained. When a suppression of urine is produced, the catheter must also be used. After a free use of the lancet, blisters to the abdomen should not be neglected.

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=ly recommended; they are, no doubt, of service but if care be not taken, they lay the patient open to farther danger from the effects of cold. As I consider them in this case doing good, by diminishing arterial action, and determining to the surface; and as purging is a more powerful means, I would place more dependance on the latter.

It has been too common to think rather of the pain, than its cause, and hence opium has been given, no doubt, to the injury of many patients. Its stimulating qualities are not at all suited to this disease in its highly inflammatory stage; it should therefore never be given in hysteritis, until the inflammatory action has been mitigated or subdued by venesection & purging, and even then it should only be used at such times, as when rest & quietude is absolutely necessary for the patient. The only certain means of relieving the pain, is by venesection.

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Should a spontaneous diarrhœa arise, during the violence of the disease, it should not be checked, unless some morbid peculiarity accompanies it, or it proceeds with such violence as to exhaust the strength of the patient, and thereby endanger life. In such a case the cretaceous mixture should be used; if this is insufficient to lessen the violence of the diarrhœa, the following may be substituted,

℞ Mist: Cretæ ℥vi
Tinct: Kino
vel Catechu ℥iii ~~ʒ~~ of this one tablespoonfull may be exhibited every hour until the desired effect is produced; sometimes it may be necessary to add laudanum, but the above is generally sufficient to accomplish the purpose.

During the disease the diet should be light and such as is easy of digestion; thin gruel, toast and water, barley water and all such are proper,

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carefully avoiding all articles of a heating nature, fermented liquors, and any thing containing a=
=nimal juices. The prophylactic treatment is such as is generally necessary in all cases of se=
=vere inflammation.

In this disease, venesection is the great reme=
=dy by which the force and vigour of the inflamma=
=tion must be combatted and overcome. Without this powerful remedy, this disease (if I may be permitted the expression) would be almost with=
=out a remedy; it is the chief conqueror, and all others are merely its auxilliaries.

After the inflammation is removed we are next to direct our attention to counteract its effects, to the invigorating the system and general health of the patient; here the diet should be more gen=
=erous and nourishing, free air and moderate exercise may be permitted, when the strength of the patient will admit of it, the tincture of gentian or colombo, or the chalybeate prep=

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=arations with bark, may be used as circum=
=stances require. These things should all be
attended to with the requisite caution; cold,
moisture, improper food, and any thing calcu=
=lated to induce disease, should be carefully
avoided, until the general health of the pa=
=tient, and tone of the system is fairly es=
=tablished.

Finis.

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